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**From:** Brooks, Nancy (POL)  
**Sent:** Tuesday, September 11, 2012 12:13 PM  
**To:** Hanchett, James (DPH)  
**Cc:** Gagnon, Kenneth (POL); Vallaro, Guy (POL)  
**Subject:** Questions

Hi Jim –

Can you answer the following questions for me. I realize that some of the things that DEA is requesting is personal (i.e. addresses, SSN#, etc.). The contact person at the field office said that it is required, but also that a Diversion Investigator will come out at some point to inspect the lab, perhaps any additional information may be given at that time. For now, fill out what you can.

This only needs to be done when a new registration is created, now – it will be under Department of State Police. We will not have to do this for renewal every year.

Sorry to ask this of you but this is the apparent reason why a new registration has not been issued to MSP for Amherst.

Also – thank you for sending a copy of your current license.

Nancy

## **SURVEY**

5. Who will be responsible for overall security of controlled substances? Include name, title, home address, DOB and SSN.

6. What will be the procedures for handling the controlled substances?

Ordering:

Receiving:

Storing:

Utilizing:

7. What security measures will be employed to keep the controlled substances secure?

8. Who will be handling the controlled substances? (List anyone who has key access to the controlled substances.) Name/Title/Home Address/DOB/SSN/DEA#.

9. What type of safe, cabinet, locker, and/or drawer will you be keeping the controlled substances in?

10. What are the dimensions of the safe, cabinet, locker and/or drawer? (L x H x W)

11. What is the safe, cabinet, and/or locker/drawer constructed of? (e.g., steel, aluminum, wood, plastic, etc.)

12. How much does it weigh?

13. Is it bolted permanently to a wall or the floor?

14. Is the safe, locker, cabinet and/or drawer in a locked office?
15. What is the exact location of the controlled substances? (e.g., room number, name of building, floor, etc.)
16. How will you obtain the controlled substances? (e.g., who do you order from?) Name/Address/DEA #.
17. Who is responsible for record keeping? (e.g., ordering, taking initial inventory and biennial inventory of controlled substances.) Name/Title/Address/DOB/SSN.